CLAIMS ONLY

6/30/04

Application Number	Filing Date
09/52822	

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
5						
6						
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13						
14						
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42						
43						
44						
45						
46						
47						
48						
49						
50						
Total Indep	3					
Total Depend	6					
Total Claims	9					

CLAIMS	*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
53						
54						
55						
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63						
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66						
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95						
96						
97						
98						
99						
100						
Total Indep						
Total Depend						
Total Claims						

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

12804

SERIAL NO. 09/512822

FILING DATE 2-25-00

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1	1		1		1		51							
2			1	1		1	52							
3		1		1		1	53							
4				1	1		54							
5	1			1			55							
6			1				56							
7		1		1		1	57							
8	1			1			58							
9		1		1		1	59							
10							60							
11							61							
12							62							
13							63							
14							64							
15							65							
16							66							
17							67							
18							68							
19							69							
20					1		70							
21					1		71							
22					1		72							
23							73							
24							74							
25							75							
26							76							
27		1					77							
28							78							
29							79							
30							80							
31							81						1	
32							82							
33							83							
34							84							
35							85							
36							86							
37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50					3		100							
TOTAL IND.	22		12				TOTAL IND.							
TOTAL DEP.	5		15		4		TOTAL DEP.							
TOTAL	27		20		7		TOTAL							